

# Access to emergency contraception through community pharmacies in Europe: Findings from a participatory survey

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## PURPOSE / OBJECTIVES

The paradigm for emergency contraception pills (ECPs) access changed in most European countries since levonorgestrel (LNG) and ulipristal acetate (UPA) ECPs are sold directly in pharmacies, without prescription. Individuals now have different oral post-coital contraceptive options available to them, and if provided with the adequate information, they can choose. The two ECP formulations entail different costs, efficacy, eligibility criteria, counselling needs and recommendations to resume ongoing contraception. Our purpose was to better understand how access to and availability of ECPs is through community pharmacies in our region.

## MATERIAL & METHODS

From August through October of 2019, we distributed a multi-lingual online questionnaire through the European Youth Network on Sexual and Reproductive Rights (YouAct) and the European Consortium for Emergency Contraception (ECEC). We asked participant-observers to visit local pharmacies and document product names, price, product placement and stocking, and age or sex restrictions on purchase, as well as provide a qualitative assessment of any interactions with pharmacy personnel. We analysed our data using descriptive statistics.

## RESULTS

Information about 175 pharmacies in 21 countries was collected. We focused our analysis on countries where more data was collected: Andorra, Bosnia & Herzegovina, Malta, Spain, and Sweden. We identified persistent differences around the understanding of the EC consultation, and age and gender restrictions; costs; and range of oral EC methods offered.

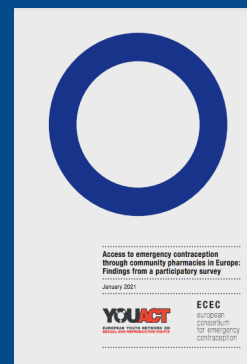
## Recommendations:

Measures should be taken to **improve access to the highest standard of post-coital contraception care and reduce inequities in Europe**. Even if pharmaceutical systems across Europe differ, developing a regional standard for ECP dispensing would contribute to:

- harmonize services
- reduce inequalities in access, within and among countries
- better equip pharmacy staff to provide evidence- and rights-based ECP counselling.

These standards should be publicly available, so that women know them and are empowered to demand an interaction with pharmacy staff that is geared towards helping her make a choice on post-coital contraception.

Our full report is available at:  
[www.youact.org](http://www.youact.org)  
[www.ec-ec.org](http://www.ec-ec.org)



## RESULTS

- In Andorra, Bosnia & Herzegovina, Malta and Spain, pharmacy staff does not have a common nor clear understanding of what the EC consultation entails.
- In Bosnia & Herzegovina, Malta and Spain, a minority of pharmacists still refuse to carry EC.
- In most Swedish pharmacies, and in two of the seven Maltese pharmacies visited, ECPs are placed on and available from the shelf or counter.
- In all five countries, the different oral EC formulations directly available (UPA and LNG ECPs) are not systematically offered.

## SUMMARY / CONCLUSION

We acknowledge that our sample is limited and diverse. However, our main conclusion is that access to the highest standard of care in post-coital contraception remains uneven within and among countries. Women are likely to have different experiences and outcomes when procuring ECPs, depending not only on what European country she is in, but on what pharmacy she walks in.